

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018759

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 71

STATE FILE NUMBER

FILED MAY 28 1962

## 1. PLACE OF DEATH

a. COUNTY

Harrison

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Harrison

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Trailcreek Twp.

Length of stay in 1b

17 years

c. CITY

OR TOWN

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

1 mile East of Mt. Moriah

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

1 mile East of Mt. Moriah, Mo.

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

George

Middle

William

Last

Johnson

## 4. DATE OF DEATH

Month

May

Day

20

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

2-21-1881

## 9. AGE (last birthday)

81

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

## 10b. KIND OF BUSINESS OR INDUSTRY

Livestock &amp; Grain farm

## 11. BIRTHPLACE (City and state or country)

Harrison Co., Mo.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Benjamin Johnson

## 13b. MOTHER'S MAIDEN NAME

Sarah Sullivan

## 14. NAME OF HUSBAND OR WIFE

Iza O. Johnson. (Deceased)

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Garald Johnson, Mt. Moriah, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Suicide by hanging

## INTERVAL BETWEEN ONSET AND DEATH

Immediately

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Despondency over health

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_

about 12:00 Noon

and last saw her alive on \_\_\_\_\_

Death occurred at \_\_\_\_\_

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Coroner

## 22b. ADDRESS

Bethany, Missouri.

## 22c. DATE SIGNED

5-21-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

5-24-62

## 23c. NAME OF CEMETERY OR CREMATORY

Barnett Cemetery

## 23d. LOCATION (City, town, or county)

West Plains, Missouri.

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

E. J. Stoklasa, Cainsville, Mo.

## 25. DATE RECD. BY LOCAL REG.

5-21-1962

## 26. REGISTRAR'S SIGNATURE

Jella Mayday

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/590410  
2410

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MAY 29 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ Eddie J. Stoklasa

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 3602

P. O. Address Cainsville, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.